BEST AVAILABLE COPY

CLAIMS ONLY

Application Number	Filing Date
10-680340	11-17-04

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep
(1)	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
(6)	1						56					
7		1					57					
8		1					58					
(9)	1						59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
(14)	1						64					
15		1					65					
16		1					66					
17		1					67					
18							68					
19							69					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	13						Total Depend					
Total Claims	17						Total Claims					